

Please type a plus sign (+) inside this box → ☐

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

Attorney Docket No.

PC25109A

First Inventor

Duncan Robert Armour

Title

OXYTOCIN INHIBITORS

Express Mail Label No.

EV272782188 US

(Only for new nonapplications under 37C.F.R. §1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Mail Stop Patent Application
Commissioner for Patents
Box 1450
Alexandria, VA 22313-1450

1. ☒ *Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)

2. ☐ Applicant claims small entity status
See 37 CFR 1.27

3. ☒ Specification [Total Pages]
(preferred arrangement set forth below)
- Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure

4. ☐ Drawing(s) (35 U.S.C. 113) [Total sheets]

5. ☒ Oath or Declaration (unsigned) [Total]
pages

a. ☐ Newly executed (original or copy)

b. ☐ Copy from a prior application (37 CFR §1.63(d))
(for continuation/divisional with Box 18 completed)

i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).

6. ☒ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or
computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

a. ☐ Computer Readable Copy (CRF)

b. Specification Sequence Listing on:

i. ☐ CD-ROM or CD-R (2 copies)

ii. ☐ Paper

c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☒ Certified Copy of Priority Document(s) GB #0219961.0
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35
or its equivalent.
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76.

☐ Continuation

☐ Divisional

☐ Continuation-in-part (CIP)

of prior application No: ____/____

Prior application information:

Examiner _____

Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only. The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts

18. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or ☐ Correspondence address below



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Address

City

State

Zip C de

Country

Telephone

Fax

NAME (Print/type)

A. Dean Olson

Registration No. (Attorney/Agent)

31,185

Signature

A. Dean Olson

Date

7/31/03

2241 U.S. PTO
10/632438
07/31/03

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3>				Complete if Known			
<input type="checkbox"/> Applicant claims small status. See 37 CFR 1.27 Total Amount of Payment (\$1,192.00)				Application Number		To Be Assigned	
				Filing Date		Herewith	
				First Named Inventor		Duncan Robert Armour	
				Examiner Name		To Be Assigned	
				Art Unit		To Be Assigned	
				Attorney Docket No.		PC25109A	

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																																																																																			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 16-1445 Deposit Account Name: Pfizer Inc. The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. <input checked="" type="checkbox"/> Charge any Additional Fees				3. ADDITIONAL FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge-late filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - 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SUBMITTED BY				Complete (if Applicable)	
Name (Printed/Type)		A. Dean Olson		Reg. Number 31,185	
Signature				Telephone (860)441-4904	
		Date		7/31/03	

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